

# **ATTITUDES OF STAKEHOLDERS TOWARD THE INCLUSION AND TEACHING OF SEXUALITY EDUCATION IN NDOLA URBAN SECONDARY SCHOOLS OF COPPERBELT PROVINCE, ZAMBIA**

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## **Abstract**

This study investigated the attitudes of stakeholders toward school sexuality education in Ndola Urban District Secondary Schools. The descriptive qualitative research design was adopted for the study. Eight secondary schools, 377 teachers and 5, 737 pupils formed the population for the study. The sample for the study consisted of ninety (90) teachers, ninety (90) pupils and ninety (90) parents (with pupils in the schools) who were randomly selected. The instrument used for data collection was a close ended questionnaire of the five point Likert scale designed by the researcher. The instrument was both face and content validated by experts at Solusi University. To test the reliability of the instrument, a pilot study was carried out in two schools in the neighbouring Masaiti District using 40 respondents. The reliability of the instrument was determined using the Cronbach's alpha reliability method and a reliability coefficient of 0.840 was obtained. Data collected was coded and analysed using the Statistical Package for Social Sciences. Descriptive statistics and the one-way analysis of variance were employed for data analysis. The result of the study revealed that the stakeholders (teachers, pupils and parents) in general had positive attitude toward the inclusion of sexuality education in the school curriculum. However, the teachers, pupils and parents had a negative attitude on the inclusion of topics like sexual pleasure and enjoyment, homosexuality as well as premarital sex as topics in the curriculum. There existed significant differences in the attitudes of stakeholders toward the inclusion of sexuality education in the curriculum as well as on the role of sexuality education in adolescent issues as revealed by the analysis of variance. The multiple

comparisons showed that there existed significant differences in the attitudes of teachers and parents as well as in the attitudes of pupils and parents as it related to the role of sexuality education in adolescent issues an indication that pupils and teachers were in better agreement than their parents counterparts. In view of the positive attitude of stakeholders toward the inclusion and teaching of sexuality education in the school curriculum coupled with its benefits to adolescent sexual issues, it was recommended that sex education should be compulsory in schools.

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**Keywords:** Attitude, Stakeholders, Sexuality Education

### **Introduction**

Sexuality education, which is sometimes referred to as sex education or sex and relationships education was a process of acquiring information and forming attitudes and beliefs about sex. Sexuality education was about developing young people's skills so that they made informed decisions about their behavior and felt confident and competent about acting on those choices. World Health Organization, and the United Nations' Children's Rights (2011) advised that, young people had a right to sex education information because it was a means by which they were helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases, abortion and HIV and AIDS.

It was also argued that providing sex education helped meet young people's rights to information about matters that affected them, their right to have their needs met and to help them enjoy their sexuality and relationships that they formed. Unwanted pregnancies, abortion, sexually transmitted infections (STIs) including HIV, were major health problems among young people in many parts of the world (Blum and Nelson-Mmari, 2009). Koster (2010), Ahlberg, Jylkas & Kranz (2010) in many societies, premarital sexual activity was often met with denial, prohibition and silence, and sexuality education and provision of contraceptives remained inadequate for boys and girls.

Evidence from different countries recorded that adolescents became sexually active at an early age. Mkambo, and Tungaraza (2011) mentioned that in Uganda for example, almost 50% of male and about 40% of female adolescents reported having sex by the age of fifteen years. In addition Fuglesang (2012) observed that in Tanzania, 60% of 14 years old boys and 35% of girls reported that they were sexually active. According to Fuglesang (2012) the early age of indulgence in sexual activities could account for the high incidences of unplanned sex, unwanted sex, unplanned pregnancies, unsafe abortions, and even sexual transmitted disease including HIV infections among adolescents in Nigeria.

According to Lindsberg (2010) young people were curious about aspects of their sexuality as well as the nature of sexuality in general. The secondary school students had realized that unwanted pregnancies, abortion and sexually transmitted infections (STIs) including HIV were major public health problems among them in many parts of the world. Despite the need for the secondary school sexuality education, many stakeholders' attitudes toward school sexuality education in many countries had raised controversies as they portrayed different attitudes concerning the teaching of sexuality education in schools. A good example was the United States of America where the subject of sexuality education had met different opinions. The recent polls showed that 93% of Americans supported sex or sexuality courses being taught in high schools according to the United States House of Representatives Committee on Government Reforms (2009).

Data from the Zambian Demographic Health Survey Central Statistics Office showed that the age for sexual debut was around 17 years for both girls and boys and that approximately 18% of girls and 27% of boys aged 15-19 years have had sex before the age of 15. Additionally, the Sexual Reproductive Health Rights and Sexuality and Life Skills Education (2012) stated that in general, there had been a trend towards decreased sexual activity among young people in Zambia.

Furthermore, data from the Zambia Sexual and Behavioural Surveillance Survey of 2009 (ZSBS) showed that between 2000 and 2009, among young people aged 15–24, the median age at first sex increased from 16.5 to 17.5 years among women and from 17.5 to 19.5 years among men. Therefore, the Government health policy in Zambia was prompted to state that, all sexually active men and women should have access to reproductive health care and information, but in practice, young people had limited access to such services (Koster, 2010).

The Zambia education policy of 1996, "Educating our Future" mandated schools to have a curriculum that addressed sexuality and personal relationships as well as messages about HIV. The National Policy, Educating Our Future (1996) stated that, at the upper Basic level pupils were in their early stages of adolescent development when they experienced manifestation of psycho-somatic changes as they grew from childhood into adolescence. In support of educating the general public on HIV and AIDS through sex education, Malambo, (2009:103), pointed out that "HIV and AIDS education had been included in the Zambian school curriculum since 1993." However, this had an uneven effects, hence the need for the inclusion of school sexuality education in the Zambian curriculum.

In an article published April 30<sup>th</sup>, 2013 the Ministry of Education authenticated that "three out of ten teenagers in Zambia among the ages of 15 to 19, were victims of early motherhood." These statistical revelations

made Zambia rank fifth in teenage pregnancies in the Sub-Saharan countries. In response to this alarming revelation, the Education Permanent Secretary stated that “The Government was going to take steps in strengthening sexuality education programs and sexually reproductive health services for the young people in schools”, (Times of Zambia, 2013:4 and Zambia National Broadcasting Corporation, 2013 main News).

Literature revealed that the introduction of sexuality education in schools had been trailed with controversy. For example, Eniola, (2010) stated that the adoption of sex education curriculum had been trailed with controversy from stakeholders. According to Djamba (2010) teachers often expressed difficulties in teaching some topics related to sexuality education including condom use, masturbation, sexual orientation, abortion and contraception while Ahmed (2013) revealed that teachers and parents expressed open resistance to the teaching of condom use on the ground that condom promotion would encourage promiscuity. It is against this background that this study examined the attitudes of stakeholders toward the inclusion and teaching of sexuality education in Ndola Urban secondary schools of Copperbelt Province, Zambia

### **Statement of the Problem**

Zambia witnessed and is still witnessing alarming rates of increase in problems associated with adolescent sexual development. Among these problems are incidences of HIV/AIDS, unwanted pregnancies that call for induced abortion, sexually transmitted infections as well as high mortality rate among girls. This led to the introduction of sex education in the secondary school curriculum in Zambia. The Literature reviewed revealed that, the adoption of sex education curriculum had been trailed with controversy by stakeholders, that teachers often expressed difficulties in teaching some topics related to sexuality education and that teachers and parents expressed open resistance to the teaching of some sex education topics but the attitudes of stakeholders to these had not been studied in Zambia. This study therefore examined the attitudes of stakeholders (teachers, pupils and parents) toward the inclusion and teaching of sexuality education in Ndola Urban Secondary Schools of Copperbelt Province, Zambia

### **Research Questions**

The researcher sought answers to the following research questions:

1. What are the attitudes of stakeholders (teachers, pupils and parents) toward sexuality education in terms of :
  - a. Inclusion of sexuality education in the school curriculum
  - b. Teaching of sexuality education and

- c. Roles of sexuality Education in adolescent sexual issues?
2. Is there any difference in the attitudes of teachers, pupils, and parents toward the inclusion and teaching of sexuality education?

### Research Methodology

The descriptive qualitative research design was adopted for the study. Eight secondary schools, 377 teachers and 5, 737 pupils formed the population for the study. The sample for the study consisted of ninety (90) teachers, ninety (90) pupils and ninety (90) parents (with pupils in the schools) who were randomly selected. The instrument used for data collection was a close ended questionnaire of the five point Likert scale designed by the researchers. The instrument was both face and content validated. To test the reliability of the instrument, a pilot study was carried out in two schools in the neighboring Masaiti District using 40 respondents. The reliability of the instrument was determined using the Cronbach's alpha reliability method and a reliability coefficient of 0.840 was obtained. Data collected was coded and analyzed using Statistical Package for Social Sciences. Descriptive statistics and the one-way analysis of variance were employed for data analysis.

### Results

The results of the analysis are discussed in succession below

**Research Question One:** What are the attitudes of stakeholders (teachers, pupils and parents) toward sexuality education in terms of:

- a. Inclusion of sexuality education in the school curriculum
- b. Teaching of sexuality education and
- c. Roles of sexuality education in adolescent sexual issues?

**Table 4.1: Inclusion of sexuality education in the school curriculum**

Items	Teachers		Pupils		Parents	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sexuality education should be included in the curriculum	4.1778	1.19529	4.0222	1.16095	3.9667	1.18464
Names of genitalia (male and female organs)	3.7556	1.14471	3.7556	1.05267	3.7222	1.14193
Personal safety	4.4556	.70569	4.4778	.67421	4.2889	.82441
Puberty	4.1556	.97048	4.1889	.83322	3.8889	1.09590
Reproduction and birth	4.0111	1.13667	3.9778	1.18015	3.8222	1.20465
Abstinence (Values of sexual abstinence until marriage)	4.6889	.81619	4.6444	.78341	4.3667	1.06476
Sexual pleasure and enjoyment	2.2360	1.34014	2.1889	1.39738	2.7556	1.62364
Condom use	3.2778	1.41443	3.5111	1.22927	3.1556	1.42143

Sexually Transmitted Diseases (STDs) and HIV/AIDS	4.1667	1.31756	4.0778	1.25625	3.7416	1.45796
Sexual coercion and assault	3.1444	1.60450	3.0000	1.34916	3.1000	1.37432
Masturbation	2.3444	1.49276	2.4778	1.43180	2.8111	1.32304
Homosexuality	2.4444	1.51480	2.0222	1.34897	2.3556	1.44806
Pre-marital sex	2.7333	1.62702	2.6333	1.51732	2.4556	1.41549
Birth Control	3.7111	1.30034	3.6889	1.22378	3.3556	1.48635
Teenage pregnancy	3.3556	1.53836	3.0000	1.52138	2.9000	1.40665
Abortion	3.2444	1.68477	2.6222	1.64609	2.6778	1.55663
Rape	3.3222	1.59231	2.6000	1.54919	2.5111	1.52319
Family planning	3.4444	1.39913	3.5444	1.39148	3.4333	1.30728
Divorce	2.8333	1.59529	2.4889	1.44754	2.7889	1.43390
Prostitution	2.8111	1.74107	2.5222	1.57386	2.7111	1.58110
Parental responsibilities	4.1222	1.30537	3.9444	1.19325	3.6667	1.37391
Family/individual values and moral beliefs on sexuality	3.7667	1.34122	3.4556	1.35050	3.5444	1.43128
Inclusion of Sexuality Education in the Curriculum Average	<b>3.4704</b>	<b>.64589</b>	<b>3.3111</b>	<b>.53640</b>	<b>3.2732</b>	<b>.50493</b>

Table 1 shows the attitude of stakeholders (Teachers, Pupils, and Parents) toward sexuality education in terms of inclusion of sexuality education in the school curriculum. On the inclusion of sexuality education topics in the curriculum, the teachers were highly positive in their attitudes on the inclusion of abstinence until marriage with a mean of 4.6889. The standard deviation of 0.81619 showed that the teachers were homogeneous in their responses. Teachers had positive attitudes on the inclusion of topics such as genitalia, personal safety, puberty, reproduction and birth, sexually transmitted infections, birth control, parental responsibilities and family values and moral beliefs on sexuality with means ranging from 3.7111 for birth control to 4.4556 for personal safety.

The teachers had negative attitudes on the inclusion of sexual pleasure and enjoyment, masturbation and homosexuality as topics in the curriculum as shown by the means of 2.2360, 2.3444 and 2.444. The high standard deviations of 1.34014, 1.49276 and 1.51480 of these items showed heterogeneity in their responses. The overall means of 3.4704 revealed that the teachers were indifferent on the inclusion of sexuality education in the curriculum and their responses were found to be homogeneous. The teachers' negative attitudes toward the inclusion of certain topics on sex education curriculum may pose as a hindrance to their teaching of sexuality education in schools as they may be hesitant on the teaching of such topics. The pupils' attitudes toward the inclusion of abstinence as a topic in

sexuality education curriculum were found to be highly positive with a mean of 4.6444. The standard deviation of 0.7831 indicated that the pupils were homogeneous in their responses.

In addition to the topics for which teachers had positive attitudes, the pupils had positive attitudes toward the inclusion of family planning with a mean of 3.5444. However, the standard deviation of 1.39148 showed that the pupils were heterogeneous in their responses on the inclusion of family planning as a topic in sexuality education curriculum. Pupils also had negative attitudes on the inclusion of sexual pleasure and enjoyment, masturbation and homosexuality with means of 2.1889, 2.4778 and 2.0222 respectively. The high standard deviation however, showed that they were heterogeneous in their responses. The pupils were found to be indifferent on the inclusion of sexuality education topics in the curriculum.

In the same vein, the attitudes of parents were found to be positive on the inclusion of topics on names of genitalia, personal safety, puberty, reproduction and birth, abstinence, sexually transmitted diseases, family values and moral beliefs on sexuality with means ranging from 3.5444 to 4.3667. The parents were only homogeneous in their responses on the inclusion of personal safety with the standard deviation of 0.82441. Parents had negative attitudes on the inclusion of homosexuality and pre-marital sex as topics on sexuality education curriculum with a mean of 2.4556 respectively. The standard deviations of 1.44806 and 1.41549 for the two items respectively revealed that parents were heterogeneous in their responses.

The overall mean of 3.2732 showed that parents were indifferent on the inclusion of sexuality education in the curriculum. This study is in agreement with that of Djamba (2010) who stated that teachers often expressed difficulties in teaching some topics related to sexuality education including condom use, masturbation, sexual orientation, abortion and contraception as the teachers were indifferent on the teaching of these topics as revealed by the study. Also Ahmed (2013) revealed that teachers and parents expressed open resistance to the teaching of condom use on the ground that condom promotion would encourage promiscuity.

Table 2 below shows the attitude of stakeholders toward the teaching of sex education. From the table, the teachers had positive attitudes toward the teaching of sex education in schools and on their knowledge and skills in handling sexuality education with means of 4.2556 and 3.6111 respectively. The high standard deviations of 1.09710 and 1.12873 for the two items respectively showed that the teachers were heterogeneous in their responses.

**Table 2: Teaching Sex Education**

Items	Teachers		Pupils		Parents	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sex education must be taught in schools	4.2556	1.09710	4.0778	1.19199	3.9111	1.26885
Teachers have problems in delivering sex education that consist of biological facts	2.9667	1.38572	3.7444	1.20450	3.0222	1.36553
Teachers have knowledge, skill and confidence to handle sexuality education	3.6111	1.12873	3.3556	1.20216	3.7000	1.18464
The training teachers receive qualify them to teach sex education	3.4111	1.21687	3.4222	1.22683	3.4333	1.30728
Teaching of Sex Education Average	<b>3.5611</b>	<b>.78012</b>	<b>3.6500</b>	<b>.71481</b>	<b>3.5167</b>	<b>.74276</b>

The teachers were indifferent in their attitudes in their not having problems in delivering sex education topics that consisted of biological facts as well as the training they received qualifying them to teach sex education. The overall mean of 3.5611 showed that the teachers had positive attitudes toward the teaching of sex education and they were found to be homogeneous in their responses with a standard deviation of 0.78012.

The overall means of 3.6500 and 3.5167 for the pupils and parents respectively showed that they both had positive attitudes toward the teaching of sex education in schools. Their responses were also found to be homogeneous with the standard deviations of 0.71481 and 0.74276 for pupils and parents respectively. The finding above is in line with that of Lesko (2009) who stated that it was important that sexuality education be taught in secondary schools as it might be a means of helping the young people cope with all the problems of adolescents they encountered.

Table 3 below shows the attitudes of stakeholders on the roles of sexuality education in adolescent issues.

**Table 3: The Role of sexuality education in adolescent issues**

Items	Teachers		Pupils		Parents	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Prevent sexually transmitted infections, unwanted pregnancies, abortion including HIV/AIDS	4.5111	.78245	4.3889	1.12873	3.9667	1.29346



Provide youths with necessary information on social skills to make wise decisions	4.4556	.73685	4.5222	.58498	4.3222	.81871
Help promote a healthy life-style in adolescents	4.5444	.75194	4.4111	.80580	4.2111	.97721
Help young people to be morally independent	4.3820	.73090	4.2556	.89394	4.0556	1.00963
Teach young people to develop awareness of and respect themselves and others	4.4556	.82327	4.5667	.63688	4.2111	1.11672
Provide an opportunity to explore reasons why young people have sex	3.8333	1.26536	3.7556	1.24802	3.6778	1.33094
Enable adolescents to make responsible and personal choices	4.2556	.94288	4.3889	.90807	4.0889	1.12823
Roles of Sexuality Education in Adolescent Issues Average	<b>4.3467</b>	<b>.56362</b>	<b>4.3270</b>	<b>.51407</b>	<b>4.0762</b>	<b>.64110</b>

From the table, the teachers were highly positive on the roles of sexuality education in adolescent issues in terms of preventing sexually transmitted infections, unwanted pregnancies, abortion, including HIV and AIDS with a mean of 4.5111 as well as helping adolescents promote a healthy life style with a mean of 4.5444. The teachers were found to be homogeneous in their responses. The teachers were found to be having a positive attitude on all other items.

The parents were highly positive on the roles of sexuality education in adolescent issues in terms of providing youth with necessary information on social skills to make wise decisions as well as teaching young people to develop awareness of and respect themselves and others with means of 4.5222 and 4.3467 respectively. The standard deviations of 0.58498 and 0.63688 for the two items respectively were found to be homogeneous. On the part of the parents, they were found to be positive on all items on the role of sexuality education in adolescent issues. The overall means of 4.3467, 4.3270 and 4.0762 for teachers, pupils and parents respectively showed that all the stakeholders were positive on the role of sexuality education in adolescent issues.

**Research Question 2:** Was there any difference in the attitudes of teachers, pupils, and parents toward the teaching of sexuality education?

Table 4 shows the means and standard deviations for the stakeholders on inclusion of sexuality education in the curriculum, teaching of sex education and roles of sexuality education in adolescent issues. The table revealed that all the stakeholders were indifferent on the inclusion of sexuality education in the curriculum, however the mean of 3.4704 for the teachers were found to be slightly higher than those of pupils and parents an indication that their attitude toward the inclusion of sexuality education was

better than those of pupils and parents. The stakeholders had positive attitudes on the teaching of sex education as well as on the roles of sexuality education in adolescent issues. These could be attested to by means ranging from 3.5167 to 4.3467.

**Table 4: Mean and Standard Deviation**

		N	Mean	Std. Deviation
Inclusion of Sexuality Education in the Curriculum Average	Teachers	89	3.4704	.64589
	Pupils	90	3.3111	.53640
	Parents	89	3.2732	.50493
	Total	268	3.3514	.56985
Teaching of Sex Education Average	Teachers	90	3.5611	.78012
	Pupils	90	3.6500	.71481
	Parents	90	3.5167	.74276
	Total	270	3.5759	.74567
Roles of Sexuality Education in Adolescent Issues Average	Teachers	89	4.3467	.56362
	Pupils	90	4.3270	.51407
	Parents	90	4.0762	.64110
	Total	269	4.2496	.58635

Pupils had a more positive attitude to the teaching of sexuality education while teachers had more positive attitude on the roles of sexuality education in adolescent issues. In all cases the low standard deviations showed that the respondents were homogeneous in their responses.

Table 5 shows the one way analysis of variance of stakeholders' responses toward sexuality education.

**Table 5: ANOVA**

		Sum of Squares	df	Mean Square	F	Sig.
Inclusion of Sexuality Education in the Curriculum Average	Between Groups	1.950	2	.975	3.048	.049
	Within Groups	84.754	265	.320		
	Total	86.704	267			
Teaching of Sex Education Average	Between Groups	.830	2	.415	.745	.476
	Within Groups	148.739	267	.557		
	Total	149.569	269			
Roles of Sexuality Education in Adolescent Issues Average	Between Groups	4.085	2	2.042	6.170	.002
	Within Groups	88.054	266	.331		
	Total	92.139	268			

The table showed analysis of variance (ANOVA) for the attitudes of stakeholders (teachers, pupils and parents) toward sexuality education in terms of its inclusion in the curriculum, teaching sex education and the role of sexuality education in adolescent issues. From the table, the F values of 3.048 and 6.170 for inclusion of sexuality education in the curriculum and the role of sexuality education in adolescent issues were found to be significant at 0.05.

This indicated that there existed significant differences in the attitudes of stakeholders toward sexuality education in adolescent issues. The F value of 0.745 for the teaching of sex education was found insignificant, an indication that stakeholders did not differ in their attitudes toward the teaching of sex education in secondary schools. The findings on the inclusion of sexuality education in the curriculum is in agreement with the assertion of Eniola, (2010) who stated that the adoption of sex education curriculum had been trailed with controversy from stakeholders.

Table 6 shows the multiple comparison stakeholders on the inclusion of sexuality education in the curriculum, teaching of sex education and the roles of sexuality education in adolescent sexual issues. The table revealed that there existed significant differences in the attitudes of teachers and parents on the inclusion of sexuality education in the curriculum. The table also revealed that teachers and parents as well as pupils and parents differed significantly in their attitudes as it relates to the roles of sexuality education in adolescent issues. It could be deduced from table 6 that pupils and teachers were in better agreement than their parent counterparts on the role of sexuality education in adolescent issues.

**Table 6: Post Hoc  
Multiple Comparisons**

LSD

Dependent Variable	(I) Status	(J) Status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Inclusion of Sexuality Education in the Curriculum Average	Teachers	Pupils	.15927	.08454	.061	-.0072	.3257
		Parents	.19714*	.08478	.021	.0302	.3641
	Pupils	Teachers	-.15927	.08454	.061	-.3257	.0072
		Parents	.03787	.08454	.655	-.1286	.2043
	Parents	Teachers	-.19714*	.08478	.021	-.3641	-.0302
		Pupils	-.03787	.08454	.655	-.2043	.1286
Teaching of Sex Education Average	Teachers	Pupils	-.08889	.11126	.425	-.3080	.1302
		Parents	.04444	.11126	.690	-.1746	.2635

	Pupils	Teachers	.08889	.11126	.425	-.1302	.3080
		Parents	.13333	.11126	.232	-.0857	.3524
	Parents	Teachers	-.04444	.11126	.690	-.2635	.1746
		Pupils	-.13333	.11126	.232	-.3524	.0857
Roles of Sexuality Education in Adolescent Issues Average	Teachers	Pupils	.01973	.08601	.819	-.1496	.1891
		Parents	.27052*	.08601	.002	.1012	.4399
	Pupils	Teachers	-.01973	.08601	.819	-.1891	.1496
		Parents	.25079*	.08577	.004	.0819	.4197
	Parents	Teachers	-.27052*	.08601	.002	-.4399	-.1012
		Pupils	-.25079*	.08577	.004	-.4197	-.0819

## Conclusion

From the study, it was evident that stakeholders (teachers, pupils and parents) in general had positive attitudes toward the inclusion of sexuality education in the school curriculum, teaching of sex education, as well as on the role of sexuality education in adolescent issues. However, stakeholders had negative attitudes toward the inclusion of topics such as sexual pleasure and enjoyment, homosexuality as well as premarital sex in the curriculum.

There existed significant differences in the attitudes of stakeholders toward the inclusion of sexuality education in the curriculum as well as on the role of sexuality education in adolescent issues as revealed by the analysis of variance. The multiple comparisons showed that there existed significant differences in the attitudes of teachers and parents as well as in the attitudes of pupils and parents as it related to the role of sexuality education in adolescent issues.

In view of the results from this research coupled with observations at the point of data collection it was recommended that sex education should be compulsory in schools and that teacher training curriculum designers should include sexuality education as a compulsory course in the teacher training curriculum to qualify teachers to teach sexuality education, especially topics that consisted of biological facts.

## References:

- Ahmed, Y., (2013). Country report – Zambia. *Incomplete and induced abortion: problem of unsafe abortion*. Lusaka: School of Medicine, University of Zambia.
- Blum, R.W. and Nelson – Mmari, K., (2009). The health of young people in a global context. *Journal of adolescent Health*.
- Djamba, S.N., (2010). *Sexual Explorations Restraint and Relative Safety journal*, 15(2).

- Eniola, A.A., (2010). “*Fundamentals of Sex Education Nigeria Journal of Educational Psychology, 1(1)*.”
- Fuglesang, G. L., (2012). "The family's role in adolescent sexual behavior". In T. Ooms (Ed.), *Teenage pregnancy in a family context*. Philadelphia: Temple University Press.
- Koster-Oyekan, W., (2010). Why resort to illegal abortions in Zambia? Findings from a community based study in Western Province. *Social Science and Medicine, 46*.
- Koster- Oyekan, Ahlberg, B., Jylka, S E. and Krantz, I., (2010). *Gendered construction of sexual risks: Implications for safer sex among young people in Kenya and Sweden*. Reproductive Health Matters.
- Lesko, S., (2009). *Moral Evolution in African State 1 and 2 Engugu*. Holnoswebs Publishers.
- Likwa, R.N. and Whittaker, M., (2010). Women presenting for abortion and complications of illegal abortions at the University Teaching Hospital (UTH), Lusaka, Zambia, *African Journal of Fertility, Sexuality and Reproductive Health., 1 (1)*.
- Lindsberg, K., (2011). Consequences of teen pregnancy. <http://www.ehow.com/about-4777418-consequences-teen-pregnancy.html>. Marlow, D.R. (1977). *Textbook of paediatric nursing*. Philadelphia: W.B. Saunders Company.
- Munodawafa, D., (2010). Attitudes of teachers toward implementing AIDS prevention education programmes in secondary schools of Zimbabwe. *Central Africa Journal of Medicine, 37*.
- Mkumbo, K. and Tungaraza, F. D., (2011). *Parents’ views and attitudes towards school based sex and relationships education in rural and urban Tanzania*. Papers in Education and Development, 27, Dar es Salaam: DUP.
- World Health Organization, (2009). *Fact sheet: Why is giving special attention to adolescents important for achieving Millennium Development Goal Five?*
- World Health Organization, United Nations Children’s Rights, United Nations Population Fund and the World Bank, (2011). *Trends in Maternal Mortality: 1990-2010, Estimates developed by WHO*.
- Zambia National Policy Education, Our Future, (1996). Government Printers: Lusaka Zambia.
- Zambia Demographic Health Survey (2009) *Journal on Health Surveys for Ministry of Healthy*. Lusaka
- Zikmund, W. G., (2009). *Business research methods, 8<sup>th</sup> ed.*: Mason, Ohio; Thomson South-Western.